

REQUEST FOR UNIVERSITY COURTYARD RESIDENT INFORMATION

(Please Print Clearly)

Fresno State ID#: _____

Last (Family) Name: _____ First Name: _____

Hall/Room/Bed: _____ Phone: _____

Permanent Address: _____

By signing below, I am requesting the following be provided by University Courtyard:

- | | |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Financial/Printout of "Customer Ledger Inquiry" | <input type="checkbox"/> Disciplinary File |
| <input type="checkbox"/> Apartment/Other Housing References (Authorization to release verbal/written info) | <input type="checkbox"/> Academic Year _____ |
| <input type="checkbox"/> Copy of Student Housing and Meal Plan License Agreement | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> I would like to review my entire file in person. Please contact me to setup a meeting. | |

I understand that....

1. University Courtyard has 45 days from the date this form is submitted to provide the above checked items.
2. I may not remove any items contained in my file.
3. I will be required to provide proof of identification prior to examining any of the contents of my file in person.
4. A University Courtyard representative will remain with me when I review my file.
5. A notice will be placed in my resident mailbox or mailed to my home (if not currently living on-campus) providing the date I may review my file (weekdays, 9am to 4pm).

Signature _____

Date _____

FOR OFFICE USE ONLY:

Date Completed: _____ Staff Initials: _____

Date Resident Reviewed File: _____ Witness: _____